

Parcel # \_\_\_\_\_

Permit # \_\_\_\_\_

## Razing Permit-Town of Winneconne

Owners name \_\_\_\_\_ Phone \_\_\_\_\_

Project address \_\_\_\_\_

Contractors name \_\_\_\_\_ Phone \_\_\_\_\_

Contractors address \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of occupancy \_\_\_\_\_ Square foot of Project \_\_\_\_\_

Project description \_\_\_\_\_ Job Costs \$ \_\_\_\_\_

Owner/Contractor \_\_\_\_\_ Date \_\_\_\_\_

Inspector \_\_\_\_\_ Date \_\_\_\_\_

**Payable to:** Town of Winneconne, 6494 County Road M, Winneconne WI 54986. PH: 582-3260 Fax: 582-3207

**Inspector:** Tom Spierowski, 6460 Paynes Point Rd., Neenah, WI 54956 PH: 920-428-3361 or 920-729-4947

- All work to meet the State Codes or reinspection fees will be charged for improper installations.
- The owner/contractor is responsible for making arrangements for the final inspection.

**Fees:** \$45.00 House & \$25.00 Outbuilding

Total Fees \$ \_\_\_\_\_